



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

WASHINGTON STATE BOARD OF PHARMACY
MEETING MINUTES
July 30, 2009

Green River Community College

Kent Campus

417 Ramsay Way
Kent, Washington 98032

CONVENE

Chair Gary Harris called the meeting to order at 9:03 a.m., July 30, 2009.

Board Members present:

Gary Harris, RPh, Chair

Albert Linggi, RPh

Dan Connolly, RPh

Rosemarie Duffy, RN, MA, MSN, Public Member, Vice-Chair

Vandana Slatter, PharmD

Christopher Barry, RPh

Rebecca Hille, BA-Public Member

Staff Member present:

Joyce Roper, AAG

Susan Teil Boyer, Executive Director

Grant Chester, Chief Investigator

Gregg Lang, Investigator

Cathy Williams, Pharmacist Consultant

Tim Fuller, Pharmacist Consultant

Doreen Beebe, Program Manager

Leann George, Program Support

Melissa Burke-Caine, AAG

Guest / Presenters:

Will Perry, Public Health / Seattle &
King County

Shirley Reitz, PharmD, BCPS
Group Health

Sepideh Soleimanpour, RPh
Walgreens Representative

Carol Watson, Walgreens Representative
Es Estevan Sanchez, Acting Group

Supervisor Seattle DEA
Russell Wheeler, ScriptPro Representative

Guest / Presenters continued:

K. Douglas Crafton, BPharm, RPh

Kristi Weeks, HSQA Policy Director

CONSENT AGENDA

- 1.1** Pharmacist License Application Approval.
 - Susan Oanh Hoang- Nuclear Pharmacist.
- 1.2** Pharmacy & Other Firm Application Approval.
 - New and Pharmaceutical Firms 6/05/2009 – 7/20/2009.
- 1.4** Pharmacy Tech Training Program Approval.
 - PayLess Drug Long Term Care Pharmacy in Portland, OR - Nicolle King-Deering.
- 1.5** Automated Drug Dispensing Device Acceptance.
 - ReliantRx – Riverview Nursing Home.
- 1.7** Board Minute Approval.

Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Item 1.3** has been **deleted** from the agenda. Item number 1.6 was pulled for separate discussion.

MOTION: Rebecca Hille moved that the board approve items 1.1, 1.2, 1.4, 1.5 and 1.7 and that 1.6 be pulled for separate discussion. Dan Connolly second. **MOTION CARRIED: 6-0.**

Item Number 1.6 Dan Connolly does not want to accept sample distribution outside of a doctor's office. He would like this subject to be put onto the Agenda at a board meeting for further discussion.

MOTION: Dan Connolly moved that item 1.6 be added as an agenda item for the next board meeting. Rebecca Hille second. **MOTION CARRIED: 6-0.**

REPORTS

Board Member

Christopher Barry reported:

- July 15, 2009 Christopher attended the Department of Health Board Member Orientation and found it to be very informative.

Board of Pharmacy Executive Director

Susan Teil Boyer reported:

- July 22 and 23, 2009 Susan attended the National Association Boards of Pharmacy (NABP) Executive Officer Orientation meeting.
 - ✓ It was very valuable to meet executives from other states and to meet the folks at NABP and to learn about their programs and services. It is important to stay connected to NABP and with our colleagues on other boards.

- ✓ This was a great networking opportunity for Susan.
- ✓ The NABP is a tremendous resource to the Washington State Board of Pharmacy. We need to use that resource as much as possible.
- ✓ Susan provided the board and staff with an updated contact list for NABP.
- October 29, 2009 we will be holding a business strategic planning session for the entire day using a facilitator, an internal agency director, Office of Community Health Systems Janet Kastl.
- Susan met with Joceli Alves-Dunkerson, DDS, the manager of the Oral Health Program. Joceli is very engaged in Oral Health Promotion particularly in children. She is enthusiastic about the pharmacist's role in Oral Health Promotion. She will be writing an article for the Newsletter.
- The division recognized Doreen Beebe and Leann George for their organization of the Board Orientation. While preparing for a Board Orientation for Christopher Barry, Doreen Beebe included other Board members from other boards. Doreen and Leann were recognized at a recent High Five Meeting within our division.

Assistant Attorney General

Joyce Roper reported:

- There was a favorable 9th Circuit Ruling in the Storman's case. The preliminary injunction issued by the District Court judge was reversed. The 9th Circuit panel said that the judge had applied the incorrect standard in deciding to grant the preliminary injunction. The injunction was narrowed to apply only to the three named plaintiffs in the case and not all licensed pharmacists and pharmacies in the state. When the judge stayed the trial date pending the 9th circuit decision, we agreed not to take action on complaints against the plaintiffs until after the trial. We are allowed to get statements from the complainant, licensees and any other witnesses about what occurred, while their memories are still fresh, but we cannot otherwise investigate or seek the issuance of charges until the district court case is resolved. The plaintiffs did file a petition for a rehearing, disagreeing with the 9th Circuit's analysis on of the First Amendment Free Exercise of Religion test.

Consultant Pharmacists

Cathy Williams reported:

- Attended a brand new training offered by the DOH 'Rules Team' on developing a Significant (Cost-Benefit) Analysis, or SA, and a Small Business Economic Impact Statement, or SBEIS. This was an excellent training and really clarified part of the rulemaking process. The Rules Team is in the process of updating their guidance documents overall and taking users' feedback to make the rulemaking process more user friendly.
- Cathy has been working with some of the inspectors to enhance the process for providing feedback to pharmacies that are creating ancillary personnel utilization plans for the first time or who are revising their current ones.
- Update from the "My Medicine List" project of the Washington Patient Safety Coalition (WPSC): Dr. Maxine Hayes has agreed to be a spokesperson for this initiative that has compiled a tool kit of materials for patients and providers about medication safety. The goal of the project is to empower every person to maintain a current list of every medication he or she is using and to share it with all health care providers at each encounter.

- *Extended Prescription Refills Date:* Waiting for preliminary feed back from Kristin Reichl. The potential Rule is still in its early stage.

Tim Fuller reported:

- Tim has been working with the Emergency Preparedness staff on how to deal with H1N1 this fall.
 - ✓ Pharmacy collaborative agreements might be limited to the patient's age.
 - ✓ McKesson is going to be the distributor for the vaccine.
 - ✓ Washington's thimerosal law may need to be suspended.
 - ✓ Prioritizing who gets the vaccine since there will only be vaccines for approximately 15% of our population initially.
 - ✓ Food and Drug Administration (FDA) extended the expiration for Oral Antivirals that were received this spring.
- He provided the Emergency Preparedness Program with pharmacy expertise in the purchase, storage, and distribution of antiviral medications.
- Continuing to build an approval process for Collaborative Agreements and working to reduce backlog with Leann George.
- Attended the training offered by the DOH 'Rules Team' and was able to apply the training for the work he is doing on the draft Soma Rule.
- *Soma:* The rule went through internal review, it is now over to the administrative side and it was signed off by HSQA and OAS. A rules hearing will be held September 17, 2009.
- Tim participated in Andy Stergachis' research, Pandemic influenza collaborative drug therapy agreements projects.
- He has also started participation in a Health Systems and Quality Assurance (HSQA) Customer Service workgroup.
- Reviewed and commented on the veterinarian technician bill.
- Application review:

	Received	Processed
Automated Drug Devices	1	1
Electronic Prescription Systems	6	2
Collaborative Drug Therapy Agreements	June 2009	July 2009
	110	46

Chief Investigator

Grant Chester reported:

- Grant and Health Professions Chief Investigator Don Painter destroyed approximately 500+ pounds of outdated and deteriorated drugs on August 5th. These were drugs that were collected as potential evidence by DOH. These drugs were destroyed in an environmentally friendly manner in Everett, WA. This concludes our drug destruction program for this year. Total amount of drugs destroyed were about 1,500 pounds.
- Grant archived all the old closed cases.

- The focus of inspections is to ensure that pharmacies and other firms comply with the laws / rules and improve patient safety. This has been done by educating and giving informative technical assistance with the expectation of compliance when variances are identified. This has become problematic when technical assistance is provided and changes are not forthcoming. If this occurs the pharmacist investigators have been instructed to deduct the maximum allowable points during the follow-up inspection.
- The pharmacist investigators expressed concern that the board's expectations for hospital pharmacies were not uniformly understood or enforced. Inspections are always difficult due to differences in hospital size, location, and staffing. It was decided to update guidance we have had since 2001 ranking the seven most important functions in order of importance for patient health and safety when inspecting hospital pharmacies. This will not be the exclusive list of those items examined to assure compliance.

Program Manager

Doreen Beebe reported:

- She has been involved in a lot of different groups.
 - ✓ As a result of the reorganization any change in process that crosses office lines requires the adoption of a procedure.
 - ✓ Doreen has been involved with placing applications on the web. There is an actual procedure that tells you how that is done. The communications office has been getting requests from everyone.
 - ✓ A current procedure that is being implemented within the office of Health Professions and Facilities (HPF) is requests for list and labels. We are developing a process when a request crosses several different professions.
- *The Correction and Facilities Rules:* a survey was sent out to two applicable organizations. They were sent back at the beginning of the week. The next step will be to draft a significant analysis. The "work plan" shows that the draft will be presented to the board September 17, 2009.
- *Animal Control Agency and Humane Society:* a stakeholder meeting was held July 2, 2009. Rosemarie Duffy and Bill Kristin joined us via video conference from Spokane. There was a lot of feedback and input from those that attended.
- The division is looking to develop a Board Member Orientation to offer twice a year using the Pharmacy program outline as a model.
- Doreen is working with the University of Washington whose students attend our meetings. When we are at the Kent facility we are unable to accommodate the large amount of students. The goal is to choose specific board meeting dates in 2010 so that we can make sure we are able to accommodate the attendance.

PRESENTATIONS

Take-Back Program

The board was asked to consider a proposal by Bartell Drugs and Group Health Cooperative to continue their pharmaceutical take-back programs. This proposal was led by Dan Connolly briefing the other board members with background. Dan Connolly introduced Will Perry from Public Health Seattle & King County and Shirley Reitz, PharmD from Group Health.

Will Perry is in support of the continuation of Bartell Drugs Take-Back Program. He shared some information about Take-Back Programs worldwide. He then presented a power point to show the board new facts and reviewed the process of the Bartell Drug's Take-Back Program.

- Bartell's Take-Back Program was started thanks to grant money and government funding through a statewide pilot program called PHARM pilot through 2009.
- Bartell's recognizes this program is valuable to its customers and is popular with its customers and staff.
- 12 out of 57 Bartell stores are participating in this program.
- 84% of the public using the take back program say pharmacy is the most convenient location.
- A survey of participating Bartell Pharmacists say they spend 30 to 120 minutes a week to work on the program.
- Pharmacist identifies and approves medications before it goes into the bin.
- Bartell's uses a high customer convenience, secure and documented operation along with an environmentally protective disposal.
- The boxes are designed with the level of security to handle controlled substances although these programs are unable to accept controlled substances at this point. Collection bins have two locks on them.
- The storage for the return boxes is secure.
- There is restricted access.
- Material is securely transported.
- Tamper evident containers are sealed and signed.
- Documentation tracks materials being transported.
- Bartell's has now collected and incinerated 2546 pounds.
- Bartell's program is positively impacting the development of national and state policies in Take-Back programs.
- The inability to accept controlled substances is the most common complaint.
- The Take back program has been put forward as legislation in Olympia for the last two sessions.
- The key elements are already being modeled by the Bartell's program.

Will Perry asked the board to approve the Bartell Drug protocol for this program to maintain the board's involvement with this popular initiative that is protecting the environment and the public health of our communities.

Shirley Reitz provided the board with handouts for the board to again review the process and some details about the Take-Back program for Group Health. She shared what Group Health has experienced during the pilot since 2006.

- Pilot began October 2006 in 7 pharmacies. All Group Health pharmacies in Washington State were using this program by mid 2007.
- There has been 25,000 pounds of medications collected and destroyed.
- Pharmacists may have to change a five gallon bucket 2-3 times a day. This collection rate is ten times higher than what was expected.

- Surveys given to pharmacists and patients have shown that there is overall support of this program.
- Group Health uses the same documentation as Bartell's to track medications during its transportation and destruction.
- Difference between Bartell's and Group Health's program.
 - ✓ At Group Health collection bins are under video surveillance and in clear view of pharmacy window.
 - ✓ Patients are allowed to drop medications in the bin without interacting with a pharmacist. Pharmacists are able to answer questions.
 - ✓ Post collection screening is done by pharmacist before material is transported.
- Difference between ongoing program and the pilot program.
 - ✓ Personnel have been hired specifically for the program.
 - ✓ The screening process is not as detailed.
 - ✓ Implementation of compliance audits.

Joyce Roper reminded the board that the Board's authority to authorize these programs is not specific. While the Board has general authority over all pharmaceuticals, it is not clear that it would extend to programs such as these that involve disposal of pharmaceuticals after they were delivered to the end user, the patients. Everyone acknowledges from a public health and safety perspective these programs are very meritorious. It is also better that the Board helps assure the security of the bins and the ultimate disposal of the unwanted pharmaceuticals.

MOTION: Rosemarie Duffy moved that the board support the continuance of the Bartell Drug and Group Health Take-Back programs. Keep in mind the importance of security issues to the board. If there are any changes at all in the program the board must be notified. The board also requests that Group Health and Bartell Drugs report back in one year. Rebecca Hille second. Al Linggi offered a friendly amendment that if a facility is being added or deleted the board needs to be notified. Rosemarie Duffy accepted the friendly amendment. **MOTION CARRIED: 4-0.** Dan Connolly and Gary Harris recused themselves from this vote.

Pharmacy Burglaries

Sepideh Soleimanpour and Carole Watson-Stover representing Walgreens provided the board a presentation on Pharmacy Robberies Prevention & Deterrence from the retail perspective.

Facts:

- There are approximately 1200 retail pharmacies in Washington State, 113 Walgreens.
- Drugs of choice are Oxycontin / Oxycodone.
- Example:
 - 113 Walgreen Pharmacies in Washington with 45 robberies this year thru May 2009.
 - 548 Walgreen Pharmacies in Illinois with only 1 robbery this year.
 - 628 Walgreen Pharmacies in Texas with only 9 robberies this year
 - In 87% robberies of robberies in Washington Oxycontin is asked for specifically.
 - 76% of the suspects are identified and/or apprehended thru the use of the systems in our stores/pharmacies. Indications are a number of the robberies being conducted are by repeat offenders.

Majority of robberies happen between 2:00 p. m – 10:00 p.m.

Walgreens highlights:

- Walgreens goal is to protect and provide a safe environment for our customers and employees.
- Offer employee counseling for those who have been a victim in these robberies.
- SafeCom panic buttons are strategically placed in the pharmacy.
- Our stores have 16 cameras strategically placed.
 - ✓ A profile camera.
 - ✓ Outdoor cameras.
- Utilizing Washington Most Wanted and Crime Stoppers. Washington Most Wanted is the most watched show by the criminal element. They want to see if they are on the show.
- Utilize tracking devices both RF and GPS.
- In some areas Walgreens is trying a Time Delay safe for high risk drugs.
- Forward any information about the robberies to the Drug Enforcement Agency.
- Always looking at all aspects for protecting our employees and customers and lessen these crimes.
- Education and information is provided to employees on steps to take during a robbery.

Pharmacy Burglaries

Estevan Sanchez, Diversion Investigator and Acting Group Supervisor, Seattle Field office of the federal Drug Enforcement Administration (DEA) gave a presentation on loss/theft prevention from the enforcement perspective.

Highlights

- The Controlled Substance Act (CSA) was developed in 1970. The CSA put a lot of different pieces of legislation under one act. This helped tie federal drug control laws with state drug control laws.
- There were tasks given to the bureau that required specific expertise so they developed the Office of Diversion Control. These diversion investigators handled the legal pharmaceutical controlled substances II-V and legal chemicals that could be used as precursors for illicit drugs. The DEA became a closed system of distribution which meant that everyone registered with the DEA is responsible for these substances. This way it goes from registration to registration until it makes it to the end user. To make sure system stays closed we conduct investigations. We also have security requirements, and we require many different types of records to be kept.
- The goal is to make sure people get the medications necessary. These medications do serve a purpose in our community. At the same time we are trying to prevent diversion of these drugs.
- Problem:
 - ✓ An increased abuse of narcotic controlled substances.
 - ✓ Some factors to the renewed interest in pharmaceuticals:
 - More prescriptions are written.
 - More products are available.
 - Federal Drug Administrations regulation of the drugs users know exactly what they are getting.
 - ✓ Led to increased thefts.
 - ✓ Different types of losses/thefts :

- Employee diversion.
 - Loss in transition.
 - Doctor shopping.
 - Burglaries/robberies.
 - At distribution level.
- ✓ Extremely high burglaries during 2003-2005 averaged 50 per year and during this period robberies were very low.
- ✓ When the burglaries went down in 2006 there was a 300% increase of robberies in Washington State.
- ✓ There is a continuing rise of pharmacy robberies in the State of Washington.
- ✓ These robberies are mostly committed by desperate adults.
- When there is a loss/theft of drugs anyone registered must report the details within one business day to the DEA.
- DEA created a Pharmacy theft prevention program with all networking properties necessary so everyone within the pharmacy community can come together to work toward the prevention of theft of pharmaceuticals.
 - ✓ Causes of theft and abuse:
 - Artificial demand.
 - Consumer advertising.
 - Under-treatment of pain (chilling affect of regulatory oversight).
 - Misuse of controlled substances.
 - ✓ Role of pharmacy:
 - Train employees.
 - Work with local responders.
 - Work with local law enforcement.
 - Know security requirements.
 - Communicating with other retail pharmacies
 - ✓ Burglary/Robbery prevention tips:
 - Be aware of your surroundings.
 - Be alert.
 - Pay attention to calls.
 - Maintain minimum amount of controlled substances.

For any information or tools go to www.deadiversion.usdoj.gov .

MOTION: Dan Connolly moved that a representative from the board contact the governor directly or indirectly to provide a presentation regarding this problem. Rebecca Hille second. **MOTION CARRIED: 6-0.**

ScriptPro Telepharmacy System

Russell Wheeler from Script Pro shared a presentation with the board on ScriptPro's technology for providing telepharmacy services.

Telepharmacy Service

Doug Crafton presented the board with a request by Medication Review, Inc. to provide telepharmacy services replacing Sacred Heart Medical Center.

Background

- Sacred Heart Medical Center/Inland NW Health Services has been providing telepharmacy services to small rural hospitals.
 - ✓ Othello Community Hospital.
 - ✓ Coulee Medical Center.
 - ✓ Quincy Valley Medical Center.
 - ✓ Odessa Memorial Hospital
- Sacred Heart provided the hospitals with a 90 day termination they will no longer be providing telepharmacy services as of August 6, 2009.
- Inland NW Health Services chose not to pursue providing connectivity/support desk help.
- Some of the hospitals have selected another vendor and some are pursuing internal methods of providing pharmacy services 24/7.
- An extensive policy and procedure manual has been developed for the hospitals and for Medication Review's services.

Highlights

- Pharmacy:
 - ✓ Office based pharmacy, Medication Review, Inc. There are no medications (virtual pharmacy).
 - ✓ Pharmacist prospective review and order entry/verification 24/7 365 days a year.
 - ✓ On-site pharmacists/technicians will be provided where necessary or requested.
 - ✓ There will be electronic supervision of pharmacy technicians.
- Policy & Procedure Overview:
 - ✓ Medication Review policy & procedure when providing order entry.
 - ✓ Ancillary Personnel Utilization Plan at office.
 - ✓ Ancillary Personnel Utilization Plan remote facility – with remote site.
 - ✓ Secure transmission of scanned orders.
 - ✓ Electronic Medication order system at remote site.
 - ✓ Automated Drug Dispensing Unit.
 - ✓ Order transmission/disaster recovery downtime.
 - ✓ On-site consultant pharmacist is available.
 - ✓ Continuous Quality Improvement Program.
- Order workflow:
 - ✓ Physician Order.
 - ✓ Order scanned.
 - ✓ Secure internet connection.
 - ✓ Pharmacist workstation.
 - ✓ Order reviewed/verified by pharmacist or pharmacist intervention for clarification if required.
 - ✓ Order entered connecting to remote pharmacy station.
 - ✓ Automated drug dispensing system. (Pyxis)
 - ✓ Pharmacy designated charge nurse retrieves medication.

- ✓ Patient receives verified medication.
- DocuScripts Script Management Overview:
 - ✓ Captures pharmacy orders.
 - ✓ .
 - ✓ Workflows direct the prescription to the pharmacies.
 - ✓ Archive the prescriptions following completion.
 - ✓ Nurses will see the status of the orders.
- Continuous Quality Improvement
 - ✓ Measure productivity.
 - ✓ Measure clinical consultant interventions.
 - ✓ Measure order variance errors and incorrect entry.
 - Correlate those with Harm vs. no harm.
 - ✓ Monitor adverse drug events.
 - ✓ Update State and federal regulations.
 - ✓ Combine all these issues and then implementation plans to improve.

Board concerns:

- Is the definition of electronic supervision in the utilization plan intended to allow something other than visual observation? Tim Fuller will help reword this.
- What is the pharmacist to technician ratio? 1:3 must not be compromised.
- **MOTION:** Rebecca Hille moved to approve Medication Review, Inc to provide telepharmacy services to the rural hospitals that are listed. Dan Connolly offered a friendly amendment, that Medication Review, Inc report back in one year until there are rules and that the 1:3 ratio is maintained at all times. Rebecca Hille accepted the friendly amendment. Dan Connolly second. **MOTION CARRIED: 6-0.**

LUNCH

The board adjourned for lunch at 12:10 p.m.

The board reconvened from lunch at 1:10 p.m.

DISCUSSION

Euthanasia Training Manual and Training Text

Rosemarie Duffy and Doreen Beebe led the discussion regarding the requests from the American Veterinary Medical Association (AVMA) and the American Humane Association. They offered some brief background and answered any questions from the board.

1. The American Veterinary Medical Association (AVMA) Guidelines on Euthanasia as a board-approved training text.

MOTION: Al Linggi moved that the board recognize the American Veterinary Medical Association's Guidelines on Euthanasia as an approved resource. Dan Connolly second. **MOTION CARRIED: 6-0.**

2. The American Humane Association's Euthanasia by Injection training text and training program as board-approved.

MOTION: Vandana Slatter moved that the board approve the American Humane Association's Euthanasia by Injection and training text and training program as a board-approved program with the revisions they have offered. Rebecca Hille second. **MOTION CARRIED: 6-0.**

Operating Agreement

Melissa Burke-Caine was introduced as the Assistant Attorney General (AAG) who will be representing the Board of Pharmacy for this agreement. Assistant Attorney General Joyce Roper is recusing herself from this discussion, as she also serves as legal counsel to the Secretary of the Department of Health.

Susan Teil Boyer, Executive Director began this discussion sharing a letter written to the board by Steven Saxe, Health Profession and Facilities Director. The board is being asked to review the draft operating agreement and discuss concerns and ask questions. The goal is to build an operating agreement that works for the Board of Pharmacy and the Department of Health. The board members took turns communicating their concerns and questions. This discussion was successful at working towards making an addendum to the draft operating agreement that will suit both parties.

WAC 246-858-020(3)

The board reviewed requirements in rule which establishes a timeline for new graduates from pharmacy college/school to complete the licensing process. The board discussed whether the rule is still applicable and what actions should be taken.

MOTION: Rosemarie Duffy moved that the board leave WAC 246-858-020(3) as is. Any changes can be considered when rules work begins on the Intern Rules. Dan Connolly second. Rebecca Hille opposes. **MOTION CARRIED: 5-1.**

Signature Delegation

The board discussed delegation of signature authority related to credentialing, rulemaking and disciplinary functions for the 2009 – 2011 biennium and formalizes delegation of approval for routine collaborative agreements.

MOTION: Christopher Barry moved to continue with current delegation with the amendment to add Collaborative Drug Therapy Agreement to the pharmacist consultant. This subject will be revisited at the next meeting with additional information. Rosemarie Duffy second. **MOTION CARRIED: 6-0.**

Technician Training Program Guidelines

Cathy Williams led the discussion with the board to review, discuss and provide assistance in updating the pharmacy technician training program guidelines.

MOTION: Rebecca Hille moved that the board accept the revised review forms and guidelines provided by Cathy Williams. Any pharmacy technician training programs and on-the-job training including online programs that meet the requirements are acceptable. Rosemarie Duffy second.
MOTION CARRIED: 6-0.

Budget

Susan Teil Boyer asked the board to participate in identifying ways to manage the 2009 -2010 budget.

- Suggestions:
 - ✓ Board meetings held every eight weeks instead of every six weeks.
 - ✓ Hold longer meetings if we hold fewer.
 - ✓ Video conferencing.
- Concerns:
 - ✓ We have a hard time getting things done with meeting every six weeks.
 - ✓ The board has discussed meeting more during Legislative session so we are on top of what is going on.
 - ✓ Is the cost avoidance worth the value of missing a meeting? It would help to know the cost of a meeting.
 - ✓ It is important that we have a board meeting in Eastern Washington since there has not been a meeting there for over a year.
- Outcome:
 - ✓ Stay with meeting every six weeks and do video conferencing for the board members in Spokane to save on travel expenses.

Health Systems Quality Assurance Division Leadership

Kristi Weeks, HSQA Policy Director, was brought in to discuss topics of interest with the Board. The board's main interest is to understand more about the rules process.

- Definitions.
 - ✓ Law- Revised Code of Washington (RCW). Only the legislature can make a law.
 - ✓ Rule- Washington Administrative Code (WAC). Board and commissions create rules in order to implement a law. This authority was given to the boards/commission by the legislature.
 - ✓ Guidelines- A standard of practice but it is not enforceable in a court of law. This is used to guide our practices.
- Types of rules.
 - ✓ Easy rules: Small changes such as licensing fees.
 - ✓ Significant rules: Changing policies or regulations. This gets much more complex. Includes documents and many people to get involved.
- What triggers rule making:
 - ✓ Legislative change something changes in the law.
 - ✓ Court order.
 - ✓ Petition.
 - ✓ Changes to the Federal Law.
 - ✓ Request by interested parties not a formal petition.
- Procedure:

- ✓ CR101 is the inquiry stage. This does not mean that there will be a rule or rule change. Lets people know there is a possible rule or rule change. This includes stake holder meetings for input.
- ✓ CR102 is the purposed rule stage. This gives the public another opportunity to look at the rule, give input and have a hearing for interested parties to testify on the rule/rule changes. This includes holding a hearing, making changes.
- ✓ CR103 this is the adoption stage. File the order and notify all interested parties that within a certain number of days the rule will be in effect.
- The shortest possible time a rule can be in effect is 245 days (8-9 months).
- This requires tons of work from staff to meet deadlines required to get the rule done on time.
- There will be performance measures on the rulemaking process. The expected time to finish a rule will be 18 months from the time the CR101 is filed.
- There could be a proposal to Legislation ask for the ability to make rules/rule changes outside the normal process to update the rules that are currently outdated.
 - ✓ Deadline for 2011 Legislation session is June 2010.
 - ✓ Come up with a workable idea of how this can be done in an expedited manner.
 - ✓ Start with stake holder meetings immediately.
- There is only one piece of agency request legislation that is going forward from our division Health System Quality Assurance (HSQA). It is from the Board of Pharmacy and it is to revamp the controlled substance law to bring it into compliance with the federal law.

Health Care Entity

Grant Chester led the discussion for clarification of legal possession and transfer of legend drugs including controlled substances as approved at the May 7, 2009 board meeting as it pertains to Health Care Entities. It was decided that this issue will be taken internally for further review.

Expedited Rule Making

Doreen Beebe asked the board to consider adoption of changes to WAC 246-869-090 – Prescription Transfer correcting a typographical error and making a technical correction replacing the word "doctor" with "prescriber."

MOTION: Rebecca Hille moved to accept the changes made to WAC 246-869-090 – Prescription Transfer correcting a typographical error and making a technical correction replacing the word "doctor" with "prescriber." Vandana Slatter second. **MOTION CARRIED: 6-0.**

Correspondence

The board discussed correspondence received/sent.

- 9th Circuit Court Ruling – Pharmacists'/Pharmacies' Responsibility Rules.
 - ✓ Vandana Slatter did not receive the decision in her board packet.
 - ✓ Joyce Roper received an update during the board meeting regarding this subject. The 9th circuit is requesting a reply to the petition for a rehearing. Joyce has been directed to prepare and file the response.
- Department of Health (DOH) News Release – Changes to State Childhood Vaccine Program.
- NABP Internet Drug Outlet Identification Program Report & Spreadsheet – July 2009.

- Governor Gregoire's Message on Revenue Forecast.
- ISMP Medication safety Alert – June 2009.
- NABP State News Roundup – June 2009.
- Letter to Oregon Board of Pharmacy re: Fred T. Mahaffey Award
- Article: *Protect Your Pharmacy Now*.
- DOH Sunrise Review – Optometrist
 - ✓ Christopher Barry stated some concern about the way some of the rule is written and needs more review remove this sentence or give the specific concern.
- Washington Recover Assistant Program for Pharmacy (WRAPP) – May & June Reports
- NABP e-News: July 8, 2009

OPEN FORUM

Colin Conway: What is done when a pharmacist takes time off and lets his license lapse? Are there any requirements for a license to be reactivated? Doreen Beebe shared that there are requirements for a retired pharmacist in order to reactivate they must pass the law exam and take 300 hours of internship (depending on the amount of time they have been out of practice).

Ming Koh, P.E, CPhT: At the May 7, 2009 board meeting Mr. Koh shared with the board his concern regarding drug cross contamination. Pharmacies are inherently dusty places and cross drug contamination is virtually very high during the process of filling prescriptions. This can lead to accidents. He asked the board if they have given any further thought to this matter. Gary Harris thanked him for sharing his concern. Mr. Harris explained that most pharmacies work on preventing cross contamination.

BUSINESS MEETING ADJOURNED

There being no further business, the board adjourned at 4:55 p.m. The Board of Pharmacy will meet again on September 17, 2009 for its regularly scheduled business meeting in Fife, Washington

PRESENTATION OF AGREED ORDERS

CLOSED SESSION

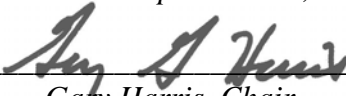
Disciplinary Hearing - Cancelled

July 31, 2009

Respectfully Submitted by:

Leann George, Program Support

Approved on September 17, 2009



Gary Harris, Chair

Washington State Board of Pharmacy

